

Home Care Consumer Notice

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1) (m), Wisconsin Statutes].

Home Care Worker Name		
Home Care Worker Employer Name		
<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town	Name of City, Village or Town	Wisconsin

Employment status of home care worker

<input type="checkbox"/> Employee of the consumer [C]
<input type="checkbox"/> Home care worker is considered to be self-employed [HCW]
<input type="checkbox"/> Employee of the home care placement agency [HCPA]

Note: Regardless of the above statement concerning the employment status of the home care worker a state or federal agency may determine the consumer is the employer of the home care worker and required to withhold state and federal income taxes and paying unemployment insurance, social security and Medicare taxes from the home care worker's wages and that the consumer is responsible for providing worker's compensation insurance for the home care worker.

Responsibility for Common Employment Tasks

C HCW HCPA

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide day-to-day supervision of the home care worker.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assign job duties to the home care worker.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hire, fire and discipline the home care worker.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pay the wages of the home care worker.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Withhold federal and state income taxes, social security taxes, Medicare taxes and pay these taxes into appropriate federal and state agencies in a timely manner. If self-employed the home care worker must file and pay estimated taxes quarterly.
<input type="checkbox"/>		<input type="checkbox"/>	Provide Worker's Compensation insurance for the home care worker. If consumer is the employer the consumer should contact the Worker's Compensation Division at (608) 266-1340 to determine if the consumer is covered by state Worker's Compensation law.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide liability insurance to cover the home care worker and their actions.
<input type="checkbox"/>		<input type="checkbox"/>	Pay Unemployment Insurance taxes for the home care worker's employment. If consumer is the employer, the consumer should contact the Unemployment Insurance Division at (608) 232-0824 to determine if the consumer is covered by the state Unemployment Insurance law.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ensure the home care worker has credential(s) specified in §440.01(2)(a) of Wisconsin Statutes or any other license, registration, certification, permit or approval that is required for the home care worker to provide adequate home care services for the home care consumer.

Responsibility for Common Employment Tasks Continued

C HCW HCPA

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Responsible for providing the following equipment or materials to the home care worker. Please list equipment or materials to be provided.
<input type="checkbox"/>		<input type="checkbox"/>	Responsible for conducting a background check on the home care worker that will include the following: <input type="checkbox"/> Criminal background <input type="checkbox"/> Financial background <input type="checkbox"/> Work background <input type="checkbox"/> References

Report of abuse, neglect or self-neglect

Persons becoming aware of abuse or neglect of elderly persons can report those problems to the following county agency:

Agency Name	Telephone Number - - Ext
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Persons becoming aware of abuse or neglect of clients enrolled in a program under §146.40(4r)(a) of Wisconsin Statutes or misappropriation of a client's property can report those problems to:

Agency Name: Department of Health and Family Services Agency Telephone Number: 1-800-642-6552 [Home Health Hotline]
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Questions about the form

Persons with questions about this form should contact the Department of Workforce Development at (608) 266-6860.

Acknowledgement of Receipt of this form

The home care placement agency has provided me with a copy of this form and I understand the information contained on the form.

Home Care Consumer Signature	Date Signed
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